

REPORT OF COMPREHENSIVE EXAMINATION

DATE OF EXAM _____

Banner Number _____

Name of Candidate _____

Last

First

Middle

Local Address _____

Degree for which examination is given _____

Department or School (and area of concentration, if any)

Signatures of examining committee:

Name (typed or printed) Signatures Pass Fail

(use check mark)

Advisor

Committee Chair

Committee Member

Committee Member

FINAL RESULT: Pass Fail *

*Attach comments and exam questions and answers, plus specified conditions if student fails.

Graduate Program Coordinator

Chair/Director

College Dean